## FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ) FOR GOLDEN CRAB

U.S. DEPT OF COMMERCE, NOAA NMFS PERMITS BRANCH, F/SER1 263 13th Avenue South St. Petersburg, FL 33701 727/824-5326 (8 am - 4:30 pm ET) http://sero.nmfs.noaa.gov



| 10 | MB No. 0648-0205 Form Approval Expires: 12/31/2009 |
|----|--|
|    | FOR OFFICE USE ONLY                                |
|    | Reviewer Initials and Date                         |
|    | Check or Money<br>Order Number:                    |
|    | Violation Date:                                    |
|    | Violation Clear Date:                              |
|    | Non reporting Hold<br>Date                         |
|    | New Permit<br>Expiration Date:                     |

1. A copy of your current (not expired) USCG Certificate of Documentation or if the vessel is not documented then a copy of the valid state registration is REQUIRED with the application. The application fee is \$20.00 for the Golden Crab fishery and is non-refundable. A check or money order payable to the U.S. Treasury must accompany each application.

| 1. VESSE   | EL INFORMATION    |                        |                                      |  |
|--|-------------------|------------------------|--------------------------------------|--|
| USCG DOCUMENTATION NUMBER or STATE REGISTRATION NUMBER                 | VESSEL NAME       |                        |                                      |  |
|  |                   |                        |                                      |  |
| HULL IDENTIFICATION or IMO NUMBER                                      | YEAR BUILT L      | ENGTH (FEET)           |                                      |  |
|  | TOTAL HORSEPOWER  |                        | PRODUCT STORAGE check all that apply |  |
| USCG DOCUMENTED VESSELS ONLY HOLD CAPACITY                             | TOTAL HOROLT OWER | FUEL TYPE              | ICE                                  |  |
| GROSS TONS NET TONS (pounds of harvest)                                | HULL MATERIAL     | DIESEL                 | REFRIGERATION                        |  |
|  | STEEL             | GASOLINE               | FREEZER                              |  |
| HAILING PORT CITY (WHERE YOU NORMALLY TIE UP)                          | FIBERGLASS        | OTHER                  | LIVE WELL                            |  |
| HAILING PORT COUNTY HAILING PORT STATE                                 | WOOD              | TOTAL FUEL<br>CAPACITY | OTHER                                |  |
|  | CEMENT OTHER      | (GALLONS)              |                                      |  |
| 2. VESSI   | EL OWNER INFOR    | RMATION                |                                      |  |
| VESSEL IS OWNED BY INDIVIDUAL or JOINT OWNER                           | SHIP              | BUSINESS               |                                      |  |
| r/Mrs/Ms Last Name or Name of Business                                 | First Name        | Middle N               | ame Suffix Name                      |  |
| ailing Address Apt/Suite # City  |                   | State County           | Zip Code Country                     |  |
|  |                   |                        |                                      |  |
| hysical Address Apt/Suite # City  Check box if same as Mailing Address |                   | State County           | Zip Code Country                     |  |
| ederal ID # or SSN Date of Birth/Business F                            | Filed Area Code   | Phone Number           |                                      |  |
|  |                   |                        |                                      |  |

| INDIVIDUAL DEDMIT HOLDED   | IO OILE     | REQUIR  |  |  |             | SES THE VE      | SSEL FROM   | THE VESSEL OWNE                             |
|--|-------------|---|--|--|-------------|-----------------|---|---|
| INDIVIDUAL PERMIT HOLDER   |             |   | BUSINESS PER   |  |             |                 |   |   |
| Last Name or Name of Business  | First I     | Name  |  |  | Middle N    | lame            | Suffix  | Name  |
|  |             |   |  |  |             |                 |   |   |
| Mailing Address Ap   | t/Suite #   | City  |  |  | State       | County          | Zip Code  | Country                                     |
|  | ]           |   |  |  |             | _               |   |   |
| Physical Address Apr Check box if same as Mailing Address  | t/Suite #   | City  |  |  | State       | County          | Zip Code  | Country                                     |
|  | <u> </u>    |   |  |  |             |                 |   |   |
| Federal ID # or SSN Date of Birth/   | Business    | Filed   | Area Code  | Phone N  | lumber      | Date Le         | ase Starts  | Date Lease Ends                             |
|  |             |   |  |  |             |                 |   |   |
| 4. BUSINESS OFFICER INFORMATION IS ADDITIONAL P  |             |   | PERMITS OWNE<br>SEPERATE SHE   |  |             |                 | ES OR PARTI   | NERS. FOR                                   |
| OFFICER OR PARTNER #1  |             |   | POSITION IN  | COMPAN   | 1           |                 |   |   |
| Last Name  | First I     | Name  |  | ı  | Middle N    | lame            | Suffix  |   |
|  |             |   |  |  |             |                 |   |   |
| Mailing Address Ap   | t/Suite #   | City  |  |  | State       | County          | Zip Code  | Country                                     |
| Physical Address Ap  | t/Suite #   | City  |  |  | State       | County          | Zip Code  | Country                                     |
| Check box if same as Mailing Address   |             |   |  |  |             |                 |   |   |
| SSN Date of Birth  |             |   | Area Code  | Phone N  | lumber      |                 |   |   |
|  |             |   |  |  |             |                 |   |   |
| OFFICER OR PARTNER #2  |             |   | POSITION IN  | COMPAN   | /           |                 |   |   |
| Last Name  | First I     | Name  |  |  | Middle N    | lame            | Suffix  |   |
|  |             |   |  |  |             |                 |   |   |
|  |             |   |  |  |             |                 |   |   |
| Mailing Address Ap   | t/Suite #   | Citv  |  |  | State       | County          | Zip Code  | Country                                     |
| Mailing Address Ap   | t/Suite #   | City  |  |  | State       | County          | Zip Code  | Country                                     |
|  |             |   |  |  | State State |                 |   | Country                                     |
|  | t/Suite #   |   |  |  |             | County          | Zip Code Zip Code   |   |
| Physical Address Ap  Check box if same as Mailing Address  |             |   | Area Code  | Phone N  | State       |                 |   |   |
| Physical Address Ap  Check box if same as Mailing Address  |             |   | Area Code  | Phone N  | State       |                 |   |   |
| Physical Address Ap  Check box if same as Mailing Address  | t/Suite #   | City  | Area Code  |  | State       |                 |   |   |
| Physical Address Ap  Check box if same as Mailing Address  | //Suite #   | City  DESIGN  MIDDLE From 25                              |  | ZONE<br>tlantic EEZ<br>atitude to                          | State       | County          | Zip Code  OUTHERN ZON                                       |   |
| Physical Address Ap  Check box if same as Mailing Address  SSN Date of Birth  NORTHERN ZONE - South Atlantic EEZ North of 28 degrees North Latitude to   | //Suite #   | City  DESIGN  MIDDLE From 25 28 degree                    | ATED FISHING 2  ZONE - South A degrees North La                              | ZONE<br>tlantic EEZ<br>atitude to<br>e.                    | State       | County          | Zip Code  OUTHERN ZON Z South of 25                         | Country  NE -S South Atlantic               |
| Physical Address Ap  Check box if same as Mailing Address  SSN Date of Birth  NORTHERN ZONE - South Atlantic EEZ North of 28 degrees North Latitude to the North Carolina/Virginia Border.   | //Suite #   | City  DESIGN  MIDDLE From 25 28 degree                    | ZONE - South A degrees North Latitude  | ZONE<br>tlantic EEZ<br>atitude to<br>e.                    | State       | County          | Zip Code  OUTHERN ZON Z South of 25                         | Country  NE -S South Atlantic               |
| Physical Address Check box if same as Mailing Address  SSN Date of Birth  NORTHERN ZONE - South Atlantic EEZ North of 28 degrees North Latitude to the North Carolina/Virginia Border.  you have an existing buoy color code, list it here you do not have an existing buoy color code, req  | //Suite #   | City  DESIGN  MIDDLE From 25 28 degree                    | ZONE - South A degrees North Latitude AP INFORMA                             | ZONE  tlantic EEZ  tititude to e.                          | State       | County          | Zip Code  OUTHERN ZON Z South of 25                         | Country  NE -S South Atlantic               |
| Physical Address Check box if same as Mailing Address  SSN Date of Birth  NORTHERN ZONE - South Atlantic EEZ North of 28 degrees North Latitude to the North Carolina/Virginia Border.  You have an existing buoy color code, list it here you do not have an existing buoy color code, requirities is not an available color option).                                     | 5 uest your | City  DESIGN  MIDDLE From 25 28 degree  6. TRA            | ZONE - South A degrees North Latitude AP INFORMA                             | ZONE  Illantic EEZ  atitude to e.  TION  or Code           | State       | County          | Zip Code  OUTHERN ZON Z South of 25 attitude.               | Country  NE -S South Atlantic               |
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## GENERAL INFORMATION ABOUT THE SOUTH ATLANTIC GOLDEN CRAB FISHERY

- > The South Atlantic EEZ is divided into three fishing zones as follows: (i) northern zone; (ii) middle zone; and (iii) southern zone. Permits have been issued for a single zone. Effective May 3, 2002, through May 3, 2005, a vessel with a documented overall length greater than 65 ft with a southern zone permit may fish in that zone (except in the subzone see below), and may also fish in the northern zone without changes to the vessel permit; such vessel may discontinue fishing in the northern zone and return to fish in the southern zone without changes to the vessel permit. A vessel with a permit to fish for golden crab in the northern zone or the middle zone will continue to be authorized to fish only in that zone. A vessel may possess golden crab only in a zone in which it is authorized to fish under this measure, except that other zones may be transited if the vessel notifies NMFS, Office of Enforcement, Southeast Region, St. Petersburg, FL, by telephone (727-570-5344) in advance of the fishing trip.
- > The historical (5,000-lb.) catch requirement for renewing a commercial vessel permit for golden crab is no longer in effect.
- Renewal of your vessel's golden crab permit requires submission of <u>all</u> reports required under the Magnuson-Stevens Act; and you must not be subject to a sanction or denial. **During the year 2002 and subsequent years when an application** <u>is</u> required, a commercial vessel permit will not be renewed if the permit is revoked or if NMFS does not receive the required application for renewal by June 30 of that year (i.e., within six months after the permit's expiration date of December 31 each year). Your permit's expiration date is shown on the permit.
- To obtain a permit for the middle or southern zone via transfer, the documented length overall of the replacement vessel may not exceed the documented overall length, or aggregate documented overall lengths, of the replaced vessel(s) by more than 20 percent. The owner of a vessel permitted for the middle or southern zone who has requested that NMFS transfer that permit to a smaller vessel (i.e., downsized) may subsequently request NMFS transfer that permit to a vessel of a length calculated from the length of the permitted vessel immediately prior to downsizing. There are no vessel size limitations to obtain a permit for the northern zone via transfer.
- > A small-vessel sub-zone is established within the southern zone bounded on the north by 24°15′ N. lat., on the south by 24°07′ North latitude, on the east by 81°22′ West longitude, and on the west by 81°56′ W. long. No vessel with a documented length overall greater than 65 ft may fish for golden crab in this sub-zone. A vessel with a documented length overall of 65 ft or less that is permitted for the southern zone may fish for golden crab only in this sub-zone.

## **INSTRUCTIONS** (Incomplete or illegible applications will be returned.)

- 1. Blocks in Sections 1, 2, and 7 must be completed or application will be returned. All other sections must be completed, if applicable.
- 2. The application fee is \$20 for the golden crab fishery and is non-refundable. A check or money order payable to the U.S. TREASURY must accompany each application.
- 3. Mail the application, copy of current Coast Guard Certificate of Documentation or if the vessel is not documented, your state registration (must be provided with every application, even if state registration has a multiple year expiration date), check(s)/money order(s), if vessel is owned by a corporation, must provide a copy of ACTIVE Articles of Incorporation and a copy of the company's most recent annual report (as filed with the Secretary of State in which the company is registered) to: NMFS (F/SER1), 263 13<sup>th</sup> Avenue South, ST. PETERSBURG, FL 33701. Questions may be phoned to the Permits Branch at 727/824-5326 between 8am 4:30pm EST. If you would like your permit and associated documents returned to you via overnight mail, enclose a FEDERAL EXPRESS air bill, complete with your delivery address, telephone number, and your FEDEX account number or credit card number with expiration date. If owner is an individual, enter the Social Security Number. If the entity shown as the "owner" is a corporation or partnership, enter the Federal Tax ID number (taxpayer ID information).
- In accordance with Federal regulations, any change in your permit information must be reported to the NMFS Regional Administrator within 30 days of the change.

**SECTION 1** Enter name, official number, and length of vessel as they appear on the Coast Guard documentation or, if not documented, on the state registration certificate. Under "Home Port", enter the city and state where the vessel is customarily kept, not necessarily the home port on a certificate of documentation.

<u>SECTION 2</u> Enter the information of the person shown as the "owner" from the Coast Guard documentation or, if not documented, from the state registration certificate. If more than one owner, please list the additional owners and all required information on an separate sheet of paper. If owner/qualifier is an individual, enter the Social Security Number. If the entity shown as the "owner" is a corporation, business or partnership, enter the Federal ID number and date the corporation/partnership was filed for. For a corporate/business owned vessel, submit ACTIVE Articles of Incorporation along with a copy of the company's most recent annual report (as filed with the Secretary of State in which the company is registered). A corporation or business that is in an INACTIVE status will not be issued permits.

<u>SECTION 3</u> Complete this section only when the vessel is being operated under a lease or other written management agreement that bestows control over the destination, function or operation of the vessel to a person other than the person shown in Section 2. Enter the date of expiration of the lease or written management agreement. If such lease or written management exists, the controlling person is the owner for the purposes of the permit. Provide a copy of the signed (both parties) and dated lease agreement. We recommend that the lease agreement end at the end of a month.

**SECTION 4** Complete this section if vessel is corporate or partnership owned.

**SECTION 5** Select only one fishing zone in which you fish.

<u>SECTION 6</u> Complete this section only if you fish with traps in the Golden Crab fishery off the southern Atlantic states. A **separate check or money order for trap tags (\$1.30 per tag) payable to FLOY TAG is required only if you wish to purchase trap tags.** Tags will be mailed directly to you from Floy Tag and will not accompany the permit package.

**SECTION 7** The application must be signed by the vessel owner.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Carolyn Sramek, National Marine Fisheries Service, F/SER1, 263 13<sup>th</sup> Avenue South, St. Petersburg, FL 33701. The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Confidential name and address information will be released via a NOAA Fisheries website for informational purposes. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty